

A JOURNAL FOR NURSES



MAY 1938



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In adults as well as in growing children the demand of the body for adequate supply of vitamins is often greater in summer than in winter. Cal-C-Tose (formerly known as Cal-C-Malt) is an excellent tonic food for maintaining vigorous glowing health and for restoring those who have been depleted by illness or overwork.

Cal-C-Tose derives its tonic food properties not only from its nutritive elements, but from its generous content of vitamin C, in addition to vitamin B, dicalcium phosphate and other beneficial minerals — all incorporated in the finest quality chocolate base. Each dose, 2 teaspoonfuls, contains 50 mg. of pure, synthetic cevitic acid 'Roche,' equivalent to the fresh juice of two medium size oranges. Cal-C-Tose mixed with milk makes a delicious drink.

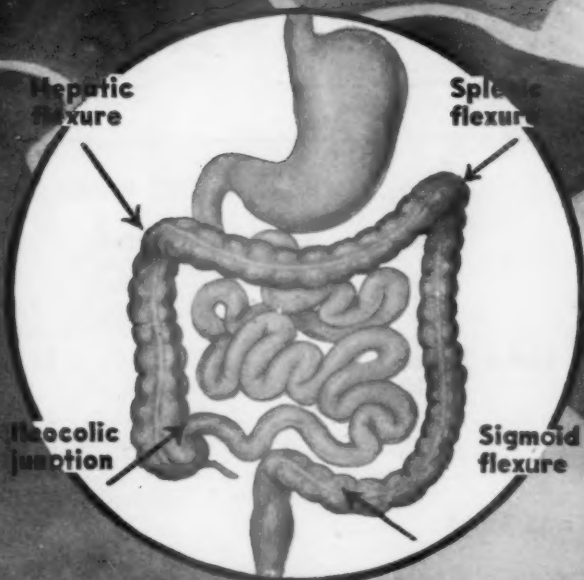
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SCIENTIFIC TONIC FOOD

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NATURE'S DAMS

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Flushes the Intestinal Tract and Aids Nature to Combat Gastric Acidity

BRISTOL-MYERS COMPANY

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NEW YORK, NEW YORK

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May, 1938

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JOSEPHINE HOUGH, Managing Editor

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A JOURNAL **RN** FOR NURSES

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Good News! which nurses will welcome



True, that professional responsibilities during a nurse's waking hours leave little enough time for the gratification of many personal needs and desires. Her constant concern is the patient. So engrossed does she become in her duties that personal consideration is often unselfishly set aside.

At this point, our concern is you . . . and the thorough care and cleansing of your skin. Hours spent in contact with infectious and contagious cases . . . under the wilting heat of operating room lights in routine attire . . . before an autoclave or sterilizer . . . are duties which you know contribute to an accumulation of secretions that tends to lodge at the very roots of Nature's one-way streets . . . the ducts of skin glands. And what is all-important, your scientific training has taught that impacted skin glands induce coarse skin texture, blemishes, dryness, wrinkles and enlarged pores.

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will admirably serve to preserve the smooth, youthful texture of your skin by removing deeply impacted accumulations, thoroughly and without residue. It will aid in maintaining normal skin function. It lubricates as it cleanses. It loosens and dislodges cosmetic residue, grime and dust particles by

virtue of its ability to penetrate minute crevices to depths inaccessible to less highly refined preparations.

Albolene Solid is a medicinally pure mineral oil cream that liquifies instantly upon application . . . spreads rapidly . . . penetrates deeply . . . will not become rancid . . . odorless, thus will not conflict with the cosmetic scent of your choice.

Your vacation demands that you personally familiarize yourself with the virtues of Albolene Solid . . . a product successfully used in many hospitals for years in the care of sensitive infants' skin. That nurses may personally experience the remarkable cleansing effect of Albolene Solid, a practical introductory size jar is available for 10¢. Simply clip coupon below and mail with 10¢ in coin.

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I enclose 10¢ in coin for introductory size jar of Albolene Solid.

Name

Address

City State

Hospital Affiliation

Debits and Credits

Colorado

To the Editor:

Why do nurses persist in appearing in public places in uniform? Some of them even appear in full uniform, although the majority take the time to remove their "dignity." Superintendents, instructors, staff members and private duty nurses are equally guilty of this irregularity. Yet some of these executives would be dismayed to see undergraduates downtown in uniform. The nurse is, or should be, taught that her uniform is worn only when engaged in the performance of professional duties—or not even then if it causes her to be too conspicuous, as when traveling with a patient.

Are we utilizing our medical knowledge when we continue to wear germ-laden uniforms while off duty? Why should we give the public an opportunity to censure our habits of dress?

Perhaps we have never thought of these various angles. However, ignorance of the impression we are creating is no excuse for thoughtlessness. Therefore, it might be that the criticisms are just. On the other hand, it is unfair for the entire profession to be flayed by reason of the laxity of a minority. Regardless of the fact that the A.N.A. regularly and definitely states that "the practice is unethical and to be condemned," our white uniform is displayed indiscriminately in public by the members of the profession.

A. C.

* * *

Galveston, Texas

Dear Editor:

I wish to tell you how happy I am to receive *R.N.* I enjoy every page of it and I do think every nurse will be enthusiastic about it.

I like especially the page or section "Debits and Credits" as it gives nurses from all over the country a chance to share their experiences and give their opinions on various problems.

I was graduated from the Swedish Hospital Training School in Minneapolis in 1936. Since graduation I have had one year

of general duty (assistant charge nursing). I don't believe in staying in one place too long, when first out of training. A nurse should get around and get all the experience possible and do many different kinds of nursing. Of course this is my opinion, and many may differ. However, when a nurse has so many chances to travel around the country and can find a position almost anywhere I don't believe any one should pass up a chance to travel if possible. It is so easy to get into a "rut" and I believe one way to prevent this is to add a few experiences along with one's work.

Marian A. Kingstrom

* * *

Modesto, Calif.

To the Editor:

My hearty congratulations to *R.N.* I received your first copy in October and look forward to it more and more each month.

The points brought out in "Let's Make It a Law," by Ethel G. Prince, have been my sentiments for years. We have heard nurses crying about having to take a back seat because of practical nurses, blaming the doctors and everyone else but themselves for their position, and still doing nothing about it. What we need are a few more good leaders.

And now for my pet peeve—office assistants who call themselves nurses:

I was graduated in 1925 and have worked in large institutions ever since. There it is the doctor's job to give all intravenous injections. Yet I have an acquaintance who, with not a single day's training, is working in a doctor's office—taking all the Wasmann's and giving all the intravenous injections. This work does not worry her because she has never been taught the dangerous complications which might arise.

I'm willing to bet there are any number of registered nurses who could tell of similar cases.

What makes the situation worse is that this assistant I mention is drawing a larger salary than some of the graduate nurses employed in the same building. The doctor for whom she is working has instructed

(Continued on page 6)



In Pregnancy and Lactation...



- 1. MAKES MILK MORE ACCEPTABLE.
- 2. CONTRIBUTES NEEDED VITAMINS AND MINERALS.
- 3. ADDS EXTRA NOURISHMENT.

OVALTINE is a food supplement which has been used throughout pregnancy and lactation. It appeals to the taste and in addition it helps to stimulate the lagging appetite. It reinforces the diet with valuable nourishing and protective food elements with a minimum of digestive strain. Many patients and physicians have reported that it improves the quality as well as the flow of milk. Your patients will welcome this delicious, nourishing food-drink and benefit by its use.

Ovaltine contains these
Protective Food Elements:

Vitamin A Calcium
Vitamin B₁ Phosphorus
Vitamin D Iron
Vitamin G Copper

OVALTINE

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Debits and Credits

her to tell the patients she has had hospital training if they ask her. Needless to say, she doesn't wait to be asked.

I have even heard this girl give prescriptions and diagnose cases!

The requirements for student nurses are as they should be. Let's make them just as stringent for the practical nurse and the office assistant!

E. M. R.

* * *

Allston, Mass.

To the Editor:

Your magazine surprised me
And pleased me, you can bet.
I don't know who's responsible.
I owe someone a debt!

It's small, compact, yet full of news,
And all one could have wished.
'Twould be a distinct pleasure to
Stay on your mailing list.

My copy's been digested now,
It surely hit the spot.
So for my R.N. may I say,
"I loved it—thanks a lot!"

Margaret C. Costello

* * *

New York City

To the Editor:

At last a little book shall guide us!

Miss Blissard's article, "Oh! So You're a Nurse!" emphasizes the fact that the laity needs enlightenment regarding the registered nurse's place in this world of ours. The public thinks of us as back-rubbers, or medicine-feeders. Lay people do not realize the numerous public health, school, rural district, industrial, and other types of nurses who take part in their daily activities.

They do not realize that nurses are also human beings who like to live comfortably, travel, enjoy music, art, books, etc.

Most people believe all nurses earn fabulous salaries. They are not aware of the fact that we furnish our own uniforms, shoes, and equipment on private duty, and that we pay for a yearly license and an alumnae fee.

Quoting Miss Blissard: "Let's take a look at ourselves. Are we truly educated?" Is it possible for a nurse working twelve hours (few hospitals other than city hospitals have changed to eight hours) to keep awake in school at night?

Let's take a look at ourselves from another angle. Many nurses become slovenly

and untidy in their appearance. Uniforms need mending and even underclothes are not up to par. This carelessness applies not only to personal appearance but also to nursing procedures. . .

My associates are extremely pleased with R.N. It has been our desire to arouse nurses to stick together and not drift away from professional obligations.

Thank you for your book. I am certain it will keep us registered nurses on our toes in maintaining our professional standing.

E. A. S.

* * *

New York

To the Editor:

This is my first attempt at writing to a magazine. Your article, "Let's Make It A Law," in the March issue of R.N. was so excellent I just had to congratulate you and your associates for printing it. How I wish some of the people in this town might read it!

We have two hospitals here—one of about fifty beds and the other of one hundred or more beds. Both have training schools, but many of their graduates didn't even finish a high school course. Others entered large hospitals in big cities but did not finish training, so they came here to graduate.

A registered nurse in my town hasn't a chance for private duty, to say nothing of general duty and office work for doctors. The hospitals always call their own nurses first.

Office "nurses" are, more often than not, girls who have had secretarial training but never saw a nursing institution. Yet they walk around the street dressed in a nurse's uniform.

Last year when the Esquirol-Todd Bill was in the legislature, all these unregistered nurses from town and many others in the county went to Albany in a body to fight against the bill.

Doesn't the lay population realize that many of these girls didn't complete their education? How can they meet the requirements of nursing a very sick patient?

The surprising thing was that this kind of opposition to legislation for public health protection was accepted by legislators. It would appear that if enough interested people take it into their heads to oppose public health measures, they can be effective. The trouble seems to be with registered nurses themselves—they don't care enough about their R.N. to fight for it.

M. A. O.



*Contused wound of hand,
with emery ground into
the wound.*

NURSE, when you need
a first-aid application
which is

- antiseptic
- pain-relieving
- decongestive and
- repair-stimulating

apply—

ANTIPHLOGISTINE

It affords relief and protection in cases of

*Abrasions, Sores, Cuts, Bruises
and many other Skin Lesions and
Surface Wounds*

and it is an ideal emergency
dressing pending attention by
the physician.

Antiphlogistine is painless to
apply and to remove and is,
therefore, a particularly valu-
able first-aid application for
children also.

*A useful and attractive little
manual entitled "Industrial Injuries"
will be sent free to any nurse send-
ing in her name and address to—*

THE DENVER CHEMICAL MFG. CO.
163 Varick St.,

New York



*Same hand after removal
of the Antiphlogistine
dressing.*

The Effect of Alka-Seltzer on the Alkali Reserve of the Blood

This is the third of a series of experiments to determine by biochemical and clinical methods the value of Alka-Seltzer as a home remedy for the relief of such minor, transient ills as headaches, "sour stomach" brought on by over-indulgence in eating and drinking, etc., and as a convenient method of providing a safe, prophylactic, analgesic-alkaline effect during the early stages of a cold.

In previous experiments we have shown that the analgesic in Alka-Seltzer is aspirin presented in the form of an acetylsalicylate (Exp. No. 1) and that Alka-Seltzer differs markedly from ordinary plain aspirin in its antacid effect in the stomach (Exp. No. 2).

RESEARCH PROBLEM NO. 3

To Determine the Effect of Alka-Seltzer on the Alkali Reserve of the Blood

The experiments conducted on a series of fasting patients show that Alka-Seltzer increases the CO_2 combining power of the blood, and increases the total base content of the blood.

Experimental Method

Fasting male subjects were used. After they had emptied their bladders completely by voluntary voiding, they rested, reclining on a cot for an hour, then specimens of blood were taken. The blood was drawn under oil and a part of it allowed to clot in order to obtain blood serum for analyses for calcium and magnesium. The subjects were divided into two groups—the first received four tablets of Alka-Seltzer dissolved in 200 cc. of water, the second group was given two tablets of

Alka-Seltzer in 100 cc. of water, the dose being repeated at the end of two hours. On subsequent days doses of plain aspirin were given under like experimental conditions. The blood samples were analyzed for pH, CO_2 combining power and chlorides in the plasma, calcium and magnesium in the serum and acetylsalicylic acid in whole blood.

Results. After consumption of Alka-Seltzer the six cases gave increases in CO_2 capacity ranging from 1.8 to 6.3 volumes per cent. Variable results were observed after the administration of plain aspirin. The sum of the CO_2 capacity and the chloride content of plasma is an indication of the total base of the blood since these two are the main acid radicals with which the base combines. The results indicate that there is actually an increase in the total base of the blood, rather than a rearrangement of acid radicals. Relative small changes in pH of the blood plasma were noted.

Alka-Seltzer is not intended or advertised to replace the services of the physician. It is a household remedy for the relief of minor, transient ailments.

Alka-Seltzer not only helps to give relief from "sour stomach" brought on by indiscretions of eating and drinking but it is rapidly absorbed to give a systemic analgesic-alkaline effect, providing relief in minor symptoms such as headache and discomfort accompanying the early stages of a cold. Alka-Seltzer is pleasant, convenient and effective because when dissolved in water it becomes a sparkling, effervescent, palatable solution.

MILES LABORATORIES, INC.

Offices and Laboratories: Elkhart, Indiana

No. 4 of a Series

Announcement

"Who publishes *R.N.*? Who pays for my subscription?"

A number of nurses have asked us these questions. Others, who have not asked, would probably like to know the answers.

Briefly, here they are:

R.N. is published by an independent publishing company. It is supported by its advertising.

Because advertising revenue is sufficient to finance the magazine, there is no subscription charge. This method of publishing is well-established. Some of the most vital journals in the medical, dental, and other fields have been issued on this basis for years (e.g., *Oral Hygiene*, since 1911; *Medical Economics*, since 1923).

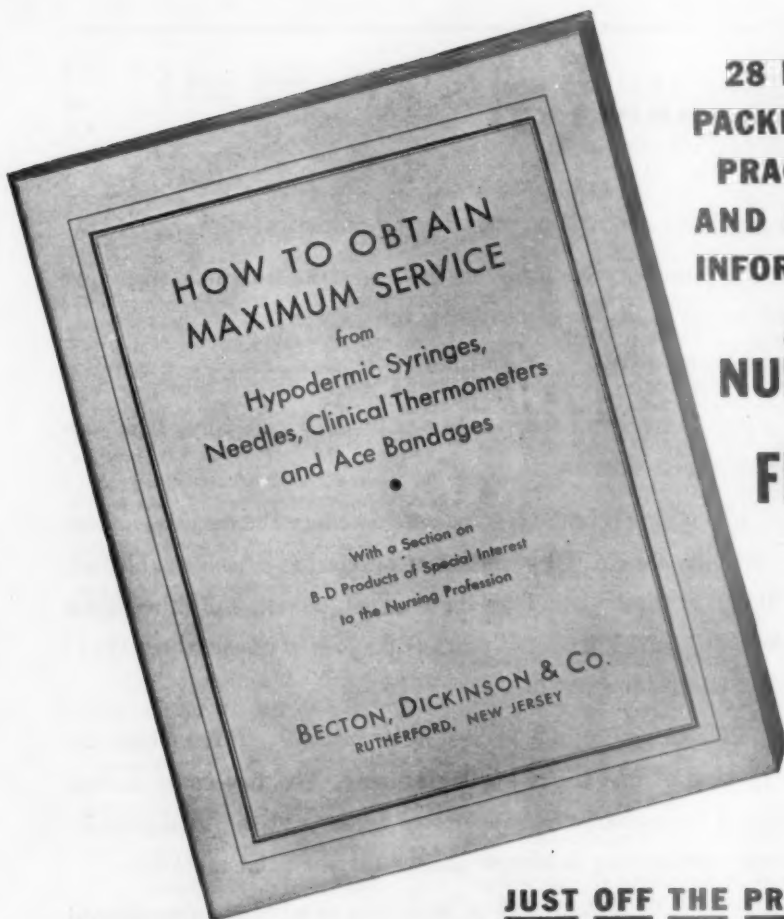
In that advertising income makes *R.N.* possible, it resembles the majority of general magazines available today. The few cents a copy which some of them charge defrays only a fraction of the total production expense. Advertising is almost always the financial mainstay.

Because *R.N.* is independent, it is able to serve its readers freely and without prejudice. There are no axe-grinding groups to dictate its editorial policy.

Any registered nurse with an idea for discussion is invited to submit it. Any nurse in need of information is invited to ask for it.

R.N. A JOURNAL FOR NURSES
RUTHERFORD, NEW JERSEY

Circulation limited to registered nurses: more than 100,000 monthly.



**28 PAGES
PACKED WITH
PRACTICAL
AND USEFUL
INFORMATION**

for
NURSES
•
FREE

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We want every R. N. in America to have a copy of this booklet. Whether a member of a hospital staff, associated with a physician, or conducting a private nursing service, every Nurse will find in it information not obtainable in collected form elsewhere. Your copy is waiting—where shall we send it?

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RUTHERFORD, N. J.

A JOURNAL **RN** FOR NURSES

LAWS Are what you *Make* them

An interview with **Mabel Detmold, R.N.** *by Josephine Hough*

• Registered nurses can render the public an important service and protect their livelihoods at the same time. How? By sponsoring state legislation which will define their professional status and penalize R.N.-imposters who are a menace to public health.

Just *how* this can be done was demonstrated recently in New York State, when the Todd-Feld Bill was passed. The impetus for this movement came from nurses. They had to work tenaciously for five years before they made it a law. But they did it. And so can nurses in other states.

The Todd-Feld Bill provides a licensing clause which specifies the professional requirements for a registered nurse. It provides, also, that she be licensed to practice in her professional capacity, and identifies her as a "registered professional nurse." A separate license is issued for the practical nurse or trained attendant. She is identified as a "practical nurse" only, and her services are limited logically to the care of those cases where little or no professional skill is required.

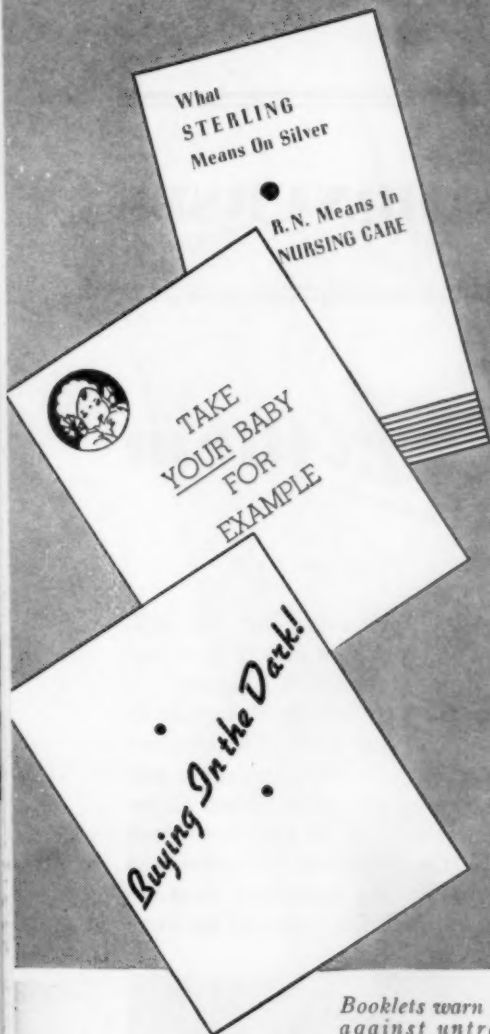
This law has teeth, too. It provides

fines and jail sentences for the individual who represents herself as a registered nurse when she is not one.

There are two important factors in the passage of any kind of legislation: a knowledge of political procedure and the support of the public. Mrs. Mabel Detmold, secretary of the New York State Nurses Association, who was most active in the movement to make the Todd-Feld Bill a law, told me some



Irene Hellen fought to define the status of her R.N.—and won.



Booklets warn public against untrained nursing care.

of the things recently which New York nurses learned about political procedure and the gaining of public support.

ROLE OF INDIVIDUAL NURSE

"What is the role of the individual nurse in the enactment of protective legislation in her state?" I asked Mrs. Detmold during our chat.

"A highly important one," she replied. "The impetus of a group movement *must* come from the individual nurse. At her organization meetings she

should bring up the subject of protective legislation for discussion. When her colleagues agree to the necessity for such legislation, they can empower their delegates, in turn, to press for it at state and national meetings.

"Once this group interest has been generated, it is necessary to select leaders—first for intelligence, and second for their practical approach. These leaders can then draw up a workable plan, acceptable to the nurses in their state.

WELL-DRAWN BILL

"The next problem is the actual bill which is to go before the legislature. I cannot emphasize too strongly the need of having this bill properly drawn. Nurses are obviously not competent to draft, in legal phraseology, a bill which will give them maximum protection and be acceptable, at the same time, to the legislature. The average lawyer might be competent to draw up a bill in the proper language, but he may not be able to understand fully the needs of nurses. In our case, we were fortunate in securing the aid of a woman of wide political experience in the enactment of humanitarian legislation. Nurses must move slowly at this stage, because the phraseology of a bill plays no little part in its acceptance or rejection."

"What is the next step, after the bill has been drafted properly?" I asked.

"While the bill is being drafted, groups of nurses should organize their forces and map out plans for its enactment. This calls for the formation of various committees, governing such things as public education and political procedure. Most important is a public information committee, to arrange for radio broadcasts, newspaper interviews,

Choose a fighting statesman to present your bill.

pictorial displays (showing the danger of inadequate nursing care and the value of professional care), and the writing and distribution of printed matter for public education.

"A speakers' bureau is another important unit of the public information committee. Its speakers—often prominent lay people interested in nursing, or intelligent, articulate nurses—can appear before lay groups, such as women's clubs and business men's organizations. They can also take part in radio broadcasts. In our case, we wrote to women's organizations having regular radio broadcasts, and asked for as little as three minutes of their radio time. We received splendid cooperation from these organizations. In this type of 'spot' broadcasting, we learned that a single, forceful speaker can dramatize the need for sound, professional nursing care and get an immediate public response."

"What funds were used to pay for all this publicity?" I asked.

"Voluntary contributions from nurses throughout the state," Mrs. Detmold replied. "But we were given

radio time without charge in many instances; and, as you know, this type of publicity is usually the most costly. Our chief expense, perhaps, was printing. We also had to pay for two professional publicity representatives because we realized our own limitations in handling such work."

NECESSITY FOR PUBLICITY

"Do you think the same sort of publicity organization would be necessary in other states?"

"Yes, if the problem is similar to ours. The number of nurses in our state was insufficient to put through this legislation without public support. I think this is true of most other states. If efforts are not made to get such support, the public is bound to be apathetic about the nurses' rights and needs. We recognized early the importance of educating the public to realize the personal danger involved in inadequate nursing care.

"In drafting a bill, it is essential that the protection of the public be stressed as one of the chief functions

(Continued on page 42)

Acme





Shigeta-Wright from Black Star

Chef in a Kitchenette

by Edith Piquet Kaylor

B. S. in Nutrition, Cornell University

• Nurses who live outside their hospitals do so, usually, because they have visions of a cozy little apartment—with their own kitchenette. After the first fine, careless rapture wears off, however, they decide that cooking is a chore. They fall into the habit of running down to the corner drug store for a sandwich and a cup of coffee. This kind of diet not only ruins the palate but is of doubtful nutritional value.

Cooking need not be a chore. The busy nurse can prepare appetizing meals even within the confines of a small kitchenette.

Her chief equipment should be an "emergency shelf" on which she al-

ways keeps a few cans of soup, fruit juice, and evaporated milk, plus several varieties of sandwich spreads, canned fruit, corned beef, chipped beef, prepared spaghetti, a jar of prepared potato salad, jelly or marmalade, and an assortment of spices.

Now for the actual preparation of a simple, appetizing meal. A good menu for dinner might include:

Smothered Lamb Patties with Hominy
or Rice

Spring Salad Bowl

Cinnamon Apples

Rye Rolls or Pumpernickel

Coffee

Recipes for this dinner are as follows:

SMOTHERED LAMB PATTIES

- 4 strips bacon
- 4 lamb patties
- 1 can condensed mushroom soup

Have the butcher make you four lamb patties about one inch thick. Wrap a bacon strip around each, securing with a toothpick. Sauté patties until bacon is crisp—for about fifteen minutes. Add soup and let simmer slowly, uncovered, fifteen to twenty minutes.

SPRING SALAD BOWL

- | | |
|-----------------------|--|
| Small Head of Lettuce | 1 small cucumber or ½ cucumber |
| 4 radishes | 12 tablespoons Roquefort cheese crumbs |
| 2 scallions | French dressing |
| 1 small tomato | |

Have all ingredients cold. Slice radishes and scallions in thin slices. Cut tomato into small chunks and dice the cucumber. Cut lettuce into eighths. When ready to serve, toss lightly with French dressing and sprinkle with Roquefort.

CINNAMON APPLES

- | | |
|----------------------|----------------------|
| 2 sound green apples | 2 tablespoons butter |
| ¼ cup sugar | ¼ teaspoon vanilla |
| | ½ teaspoon cinnamon |

Core the apples. Fill centers with mixture of sugar and butter, working butter well into sugar and adding a few drops of vanilla. Set apples in saucepan, pour half cup of water over them and sprinkle with cinnamon. Let cook over slow flame for fifteen minutes, basting frequently.

When a friend drops in unexpectedly near mealtime, the emergency shelf can be called upon to contribute the major portion of the meal. Here is a good menu for a dinner that can be prepared quickly:

- Pineapple Juice Cocktail
- Crisp Crackers with Liver Sausage Spread
- Sliced Corned Beef
- Potato Salad on Lettuce
- Corned Muffins and Jam
- Fruit Compote

The corned beef is easier to slice if it has been chilled in the refrigerator. The potato salad can be the prepared kind; remove it from the jar and place on crisp lettuce leaves. Sprinkle the salad with paprika or slice a cold firm tomato around it. Canned fruit or left-over pieces of fresh fruit make the dessert.

Salads should appeal to the eye as well as the palate.

When dining alone, try a meal consisting of:

- Chicken Corn Soup
- Green Salad
- Bran Muffins with Honey or Marmalade

Add to a can of chicken soup with rice 2/3 cup of evaporated milk and 1/3 cup of water. A half cup of canned corn should be poured into this liquid. Beat an egg slightly and add slowly to the soup. Cook one minute, stirring constantly.

For the salad, use crisp chicory or escarole with French dressing. Heat or toast the muffins and enjoy a glass of milk or a cup of your favorite beverage with them.

Sunday night suppers always have a friendly, informal quality; and the busy nurse can easily offer an appetizing buffet for such occasions. The menu might consist of:

- Quick Tomato Bisque
 - Crackers
 - Fruit Cheese Salad Bowl
 - Sandwiches
 - Strawberry Icebox Cake
 - Tea or Coffee
 - Strawberry shortcake, using fresh or frozen berries and individual sponge
- (Continued on page 48)

Shigeta-Wright from Black Star



On Call in *Labrador*

For two and a half years, as a community nurse with the Grenfell Association, the author fought disease and death in Labrador. In this article, she tells, simply and impressively, the story of those years.

by **Genevieve A. Brown, R.N.**

• Had I known what was facing me when I enlisted with the Grenfell Association for two and a half year's of service in Labrador and Newfoundland, I might have thought twice before I left my comfortable Philadelphia home. My first intimation came from an English nurse whom I asked if she knew what the people up there expected of me.

"Oh," she remarked casually, "Midwifery, dental extraction, suturing wounds, diagnosing cases, prescribing medication, bedside care, and social work!"

I thought she was kidding. Later, it developed that she had even left out a few details. I might have resigned on the spot; but at the moment I happened to be aboard a coastal steamer nearing the Labrador coast. There was no turning back then.

More encouraging was my reception. As the hospital schooner which had picked me up sailed into the harbor, a few ragged reports burst from shore.

"What's that?" I asked nervously.

"Oh," said the skipper, "That's the natives firing their shotguns. They always do that when someone they're eagerly awaiting is on the boat."

Cautiously, I poked my head out of the cabin. Sure enough, there were flags waving and people waiting. Apparently, the village's entire population of 500 had turned out to greet me. I am sure I felt like Lindbergh when he landed in Paris—only I hadn't done anything to deserve such a celebration.

In the evening, the sense of my own importance this had aroused in me was somewhat deflated. I found that a gun-fire salute was the usual welcome to nurses in Labrador, a nurse being considered one of the most essential members of the community.

80-MILE BEAT

My pride took another drop when I discovered how much territory I was expected to cover. Not only would I be responsible for this village but also for a fishing settlement of another 500 souls a few miles up the bay. When the



The seal is a cute pet—at this age.



The husky is a health guardian in the North. These dogs act as motive power on the sled-ambulance in Winter.

couple of hundred inhabitants scattered along an eighty-mile coastline were added, I saw I was to have no picnic. I was one lone nurse in a strange land. On my ability to master an entirely foreign environment was to depend the fate of some 1200 lives! Not a pleasant prospect, but I resolved to be brave about it.

"How do I reach my patients?" I inquired at the health station.

"Well," my informant replied, "in

summer, you use a motor boat. In winter, you have a driver and dog-sled."

Dog-sled! I shuddered. The farthest north I had ever been was the north end of the state of Maine. Moreover, as I had lived for many years in snowless Cuba, the very word, "sled," had a terrifying sound. So far as dogs were concerned, my favorites were spaniels. They don't bite.

SEA-GOING AMBULANCE

Nevertheless, as my adviser had predicted, it was the boating, not the sledging, that proved especially trying. The water off the coast was so rough that I was almost always seasick. Lying flat on my back in the bottom of the boat gave me some degree of comfort. It soon became my favorite position for travel. There was only one difficulty. In a thick fog, the icebergs were shut off from view. I have many recollections of sitting up suddenly to find a giant "berg" directly in our path. When the fog was heavy, we had several narrow escapes but no actual crashes.

(Continued on page 35)



Icebergs patrol the Labrador coast.

Down With the Sea and

• Life, for me, is one shattered illusion after another. The first crocus has double-crossed me again.

Had it not been for my spring fever, I might have thought about seasickness when I longed for a southern cruise. Certainly my long experience as one of fate's footballs should have warned me when, right in the midst of the vernal equinox, I was actually given the chance to go on a cruise—and get paid for it!

I was just settling down for a rest after two weeks on a hard case when the telephone rang. My old friend, Ann, who is a ship's nurse on one of the boats heading for South America and other exotic places, said she had a touch of flu and needed a rest. Would I like to take over her job for the three

weeks' trip? I said I was sorry about the flu, and laughed my silvery laugh about her needing a rest. Wasn't life just one perpetual vacation for her? "Yeah, it is," Ann said grimly. (I should have been suspicious right there, but I thought the flu had probably soured her usual nice disposition.)

Two days later, bright and early and full of anticipation, I landed at the pier. I was so busy watching the loading of luggage into the ship that I fell up the gangplank and tore a hole in my stocking. I tripped over a coil of rope on the front part of the ship (I never did learn which was the stern and which the bow). Then I stubbed my toe on one of the two-inch-high boards that they nail in front of doors (probably for the same reason that we used



"So many people asked me questions that I began to feel like a traffic cop or an information clerk..."

to stretch ropes across sidewalks on Hallowe'en). So I was pretty crazy about ships by the time I got to the ship's hospital and found the doctor already checking in the crew to see that they had a clean bill of health.

That's when I began to meet interesting people. First came the ship's butcher, a big Belgian whose waistline

Sea and Ships

by Roxann

arrived several seconds before the rest of him. There was a young cabin boy, round-eyed and trying not to show that this was his first trip. There was a dining-room steward with the most elegant pair of black eyes I have ever seen (it must have been a swell fight). And so on.

People kept popping in to ask questions, and we had just about finished with the crew when one of the stewards



"I tripped over a coil of rope on the front part of the ship..."

brought word that Mrs. Jonas in A-13 was seasick.

"Seasick?" said the doctor. "She can't be. We haven't left the dock yet."

"But she says she is," the steward insisted.

"Let's go," the doctor said to me.

We found Mrs. Jonas moaning in C minor. She was just too, too terribly



"My usual rosy complexion turned a soft shade of green..."

ill; and she was wearing the most fetching little bed jacket. "Doctor," she whimpered, "can't you make them stop ringing those awful bells? Every time they ring I think of food, and every time I think of food I get ill. . . ." Just then another bell rang. She was right!

THAT OCCUPATIONAL DISEASE

When we had been under way a while I began to sympathize with Mrs. Jonas. My usual rosy complexion turned a soft shade of green. I crawled up on deck and gathered in several lungfuls of salt air and felt somewhat better. I tried to think elevating thoughts, to forget that I owned a stomach. And—eventually—I nearly succeeded.

Then I went to look over the hospital. I remembered that Ann had said that operations at sea were no more hazardous than on land. Maybe not. But perhaps she had a better grip on

the floor than I had. I also indulged in a quick mental review of my knowledge of obstetrics and hoped that the woman in B-25 would wait until we got safely to her home port before she decided to have her baby.

Dinner that night was my first meal on board, and I had my first good look at the passengers. Most of them looked like the relatives I have spent a lifetime avoiding. That is, all except the



"He hauled from one pocket a dazed, three-day-old puppy..."

movie actress with the deep brown skin and yellow hair. The other movie actress, the one that yelled, was not so unfamiliar. She was a little like my Aunt Mamie, who is politically prominent in Peoria.

At 6:30 the next morning I decided to go on deck to do my constitutional before the cash customers were up. But all the bright young things were up before me, lolloping around the deck and the swimming pool in a couple of handkerchiefs. They played ping pong,

shuffleboard, and deck tennis. They were so vivacious that it tired me out to watch them. So, wrapped in my cape and the dignity of my profession, I pounded around the deck three or four times, past the mummies laid out in deck chairs.

IT'S A SMALL WORLD

Eventually, I sank into my own chair, and the little old lady on my left immediately opened up a conversation—about her daughter, who was studying to be a nurse!

Since I was on call all the time while aboard, I never got a chance to wear the beautiful blue chiffon that I had hoped would wow the stag-line. Naturally this rankled. But I wasn't too disappointed when I watched other gals in their chiffons trying to manage a rhumba or the more sporting figures of the Big Apple. Poor dears, the floor was never where they expected it to be. And, on at least one occasion, a girl in green chiffon found it under her knees.

Because I represented the Ship and the Profession I naturally had to stay aloof. But that didn't mean alone. So many people—and always the wrong ones—asked me questions that I began to feel like a traffic cop or an information clerk. I consoled myself with the thought that I'd escape from them all when we landed at Havana.

But there was where another illusion smashed. I saw just two hours of Havana. My chief impression was that the boys down there were never told by their mommas that it isn't nice to stare. My second thought was that a little Flit might do a lot of good.

I didn't even have time to send postcards about "Having a fine time wish

(Continued on page 30)

It's a Tie!



JANET NAAS, R.N.



HELEN KAIN TZ, R.N.

After scratching their heads and stroking their chins over the more than 500 photographs submitted in R.N.'s cover picture contest, the judges finally chose two of them. But there they were stumped. They simply couldn't decide which one should get the first prize. The full \$25 award has therefore been given to both contestants (see pictures above). Which girl would you have selected? Or do you favor the tie? Use the coupon on page 32 for your reply.

HELEN M. KAIN TZ, co-winner of the cover photograph contest, is a United Air Lines stewardess. She made her bow to the world 25 years ago in Allentown, Pa., and has lived there most of her life. She chose nursing as a profession in preference to teaching. From Allentown's Sacred Heart Hospital she received her R.N. in 1936. Less than a year later she was holding the post of operating room supervisor.

Born with a touch of the wanderlust, Miss Kaintz decided some time ago that she would like to fly. She applied to United Air Lines for a position as plane stewardess. Two months later she was summoned to Chicago for an interview. And—P.S.—she got the job.

She had never flown prior to her trip from Allentown to Chicago. But she's a real veteran now. She has all the

(Continued on page 30)

Ladies without

—an editorial

Recently, the American Nurses Association studied the vacations of 6,790 institutional nurses in 23 states. The researchers discovered:

Only 48% receive the usual two weeks a year off.

A lucky 20% get four weeks.

Some 14% work the year round without any vacation whatsoever.

Furthermore, the survey showed, time allowed varies directly with salaries. In other words, the smaller the pay, the shorter the vacation; the more you need recreation, the less you get!

These statistics demonstrate that more than half our profession is denied what industry regards as the right of its lowest-scale worker. They reveal that about one nurse in seven, of the group studied, obtains no surcease from her labor. They are a story in themselves. But when the idealistic purposes of even those institutions without vacations are considered, the situation becomes incomprehensible.

Cannot hospital boards understand that when they neglect the health of their nurses, they fail in their obligation to society as a whole?

What right has any hospital to the support of the community if it encourages the very conditions it is supposed to combat?

By what standard does it claim the name of "hospital" if its system produces fatigue, mental unwholesomeness, even disease itself within its own ranks?

How can it expect its sick to receive adequate care at the hands of those who are weary in body and mind?

Finally, how can the nurse teach others health precautions if she cannot observe them herself; broaden her background as these same administrators are invariably the first to suggest; serve her hospital happily and efficiently?

These questions have some very practical aspects. Forward-looking administrators appreciate the stupidity of being penny-wise and pound-foolish. They know that, one way or another, employees will "get around" too-stringent working conditions. They realize that where vacations are lacking, the number of days lost annually through illness, real or fancied, is comparatively high. They are familiar with the demoralizing "passive resistance" that results when reaction replaces reason in the minds of those in authority.

Fortunately, the reverse is also true. Hope of a reasonable period for

Leisure

rest and relaxation is a remarkable spur to energy. In exchange for a vacation of their own, workers willingly put in the extra effort necessary to cover those who are away. This is especially true if vacations are "staggered" the year round. This arrangement avoids the possibility of a summer "jam" and saves funds that might otherwise be needed for substitutes.

Another possibility is a system of *health credit*. Under this plan, sick-leave that has not been used is credited to the nurse. It may be added to her vacation or permitted at some other time. Enlightened administrators say this encourages uninterrupted service, rewards good health, and strikes a balance between those who go off duty at the slightest indisposition and those who report half-dead.

Now the question may be asked:

If longer vacations than those now given are so desirable, why has it taken until now for the problem to be recognized?

Speaking of the financing of nursing schools, Sally Johnson of Massachusetts General Hospital, used a phrase which might answer that question. She said nurses "lack time to prepare a convincing presentation of the need."

To emphasize that much of the fault rests with the attitude of nurses themselves—

Can you imagine how far a hospital superintendent would get with, say, a surgical supply house if it used this approach:

"We need the best equipment available for our patients. We expect you to furnish the goods without profit because you, too, are interested in the sick. If you don't, well—you may not be able to find a market elsewhere."

Yet that appears to be the viewpoint met by nurses seeking improved conditions. Possibly, many hospital boards are not aware that it is good business to give their nursing personnel adequate vacations. If so, it is up to us—and by that we mean nurses everywhere—to "prepare a convincing presentation of the need."

Ruby R. Freer

Nutrition

Briefs

The less accessible an organ is for careful study, the greater the mystery it holds for lay minds. That's why the gastro-intestinal tract is a battle-ground for positive-minded persons who know just what's "good for what ails you." Most bizarre, however, are the absurdities forced upon sufferers from diarrhea. Urged by meddling friends to avoid this and that food, patients worry along on limited, inadequate diets.



Yet the management of diarrhea is largely a matter of common sense. If a patient loses a fourth to a half of his food because of diarrhea, the loss, obviously, must be compensated with extra food.

Where certain vitamin-bearing foods are not tolerated, the deficiency should be made up with vitamin concentrates. Most important, the food must be attractive and palatable. If nutrition is to be maintained, appetites must be stimulated, and this in turn suggests a judicious use of foods temptingly flavored with—meddlers to the contrary—onions, garlic, and even a pickle or two.

Brown, P. W.: Diet and Diarrhea. Am. J. Digest. Dis. 5:50, March, 1938.

If you were an Eskimo R.N., you would eat *titmuck* today, and if it happened to be your birthday, you might have some *kamamuk* as a special treat. *Titmuck* is made by burying salmon in a hole lined with grass, and letting it rot all winter. *Kamamuk*, which is the Eskimo concept of ice cream, is an equally noisome dish prepared from berries, seal oil, and reindeer fat, beaten together into a frothy mass.

Such is the diet of the Eskimos. No need, however, for nutritionists to hold up hands in horror. The dietary preponderance of seal oil and whale blubber assures an ample intake of vitamins A and D. Eggs of wild fowl, fish, and a few vegetables provide enough of the other nutritive factors to assure the excellent muscular and dental development for which the Eskimo is noted.

This type of food, which would kill a white man, is a splendid example of dietary adaptation to environment. Because of the extreme cold, Eskimos have learned to ingest huge quantities of fuel-energy foods such as the fats. In this evolutionary process they have lost the ability to get along on white folks' food. Thus it is that to remove an Eskimo from his native diet for more than three years is tantamount to signing his death warrant, as well-intentioned investigators have learned to their sorrow.

Garber, C. M.: Eating with the Eskimos. Hygeia 16:242, March, 1938.



Time was when Death claimed most diabetic children. Although insulin has brought sanctuary, tragic still is the fate of afflicted youngsters because of dietary restrictions. Now comes promise that diets need not be so stringent, and that young diabetics need no longer suffer childhood's supreme tragedy—that of being a creature apart, barred even from the food of other children.



Studies at the University of Cincinnati demonstrate that diabetic children do very well on diets which only in recent years were thought hazardous. Not only are diets broader, but a greater latitude is permissible in day-to-day variations. Thus, one youngster showed no differences in blood or urinary sugar when the diet was changed from 100 gm. of carbohydrate and 164 gm. of fat, to 200 gm. of carbohydrate and 120 gm. of fat, even though the amount of insulin injected daily remained the same.

Evidence such as this points to a new trend in the treatment of juvenile diabetes. The aim is changing progressively from mere prolongation of life to the maintenance of adequate growth and, most important, normal activity. Instead of the burdensome high fats and low carbohydrates, youngsters may now enjoy a low fat-high carbohydrate regime which is not only cheaper and more palatable but, best of all, approximates the diet of normal brothers and sisters.

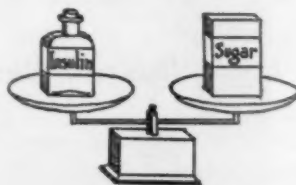
Nelson, W. E., and Ward, D.: *Diet in the Treatment of Diabetes Mellitus in Children.* *Am. J. Dis. Child.* 55:487, March, 1938.

Thirty to forty thousand new cases of dementia praecox (schizophrenia) develop yearly in the United States. Newest weapon against this scourge is insulin shock therapy, already reported to be 35% effective. In principle, the treatment subjects the patient to repeated hypoglycemic shocks by administration of enough insulin to produce coma—sometimes as much as 300 units daily. After a maximum of four hours in coma, the patient is revived with intravenous glucose.

Naturally, the diet of such patients presents a neat problem. Unless these massive doses of insulin are quickly balanced by adequate food intake, a dangerous secondary hypoglycemia, or "after-shock," may develop. For this reason, patients are offered a double tray (1600 calories) immediately after revival from coma.

Patients who cannot or will not dispose of an overloaded tray can be given instead a special lemonade prepared by dissolving 10 grams of cane sugar in each ounce of water flavored with lemon juice. One ounce of this mixture balances five units of insulin, and most patients can drink 30 ounces, equivalent to 150 units. Patients receiving more than 150 units of insulin can be given a light breakfast along with the lemonade.

Waide, S. E., and Hastings, D. W.: *Diet in Insulin Shock Therapy.* *J. Am. Dietet. A.* 14:261, April, 1938.





Make-up AND LIVE

Look Natural, Please!

• Contrary to general opinion (usually that of the male) women do not use too much make-up; they use the wrong type. The "painted look" ascribed to too much make-up is often the result of incorrect make-up, in which cosmetics are chosen not so much for true colors as for their vogue at the moment.

This conclusion is the result of more than ten years' practical experience with women and make-up by Miss Florence E. Wall, consulting chemist,

author, and lecturer at New York University. "If you will regard making up as a restorative art, you will understand exactly what I mean," Miss Wall explains. "The artist who restores the beauty of a faded, damaged painting is careful to maintain the tone of the original. That is how women must approach their cosmetic problems. The function of make-up, as I see it, is to improve the appearance, not to change it so that a woman loses her individuality. And the art of make-up lies in improving the appearance so skillfully that no one can see where nature left off and artifice began.

"There are two schools of thought on make-up: the frankly artificial and the natural. I belong to the latter. I believe it is more practical and I know from experience that few women have a good enough sense of color and design to achieve the glamorous effect they seek. More often the effect they do get is a grotesque mask, patterned after the face of a current movie favorite. If the women who are trying to apply their own glamour before the bathroom mirror in a poor light will remember that the motion picture actress is made up by an expert who must plan his effects for black and white reproduction, they will be rightfully discouraged."

"Is there any basic idea or simple set of rules for selecting the right cosmetics?" Miss Wall was asked.

"Yes, there are a few principles, simple color tests and the like, that any woman can use to her advantage. I use them consistently in my classes at the university—where, by the way, I had several nurses as students last year. We keep on hand a fairly wide selection of powders, rouges, lipsticks and eye make-up in the ten-cent-store

sizes of good products. From these, after several tests, the student learns to make the correct selections."

"Do you have special equipment at the university for making these tests?"

TESTING GROUND

Miss Wall shook her head. "No. The student needs only her own forearm and a critical eye. Perhaps I'd better tell you just how it works from the beginning. Face powder must be selected for weight (i.e., covering power), and for shade. Remember that its purpose is to lend a soft glow to the skin, not merely to cover objectionable shine or dryness. It *must* blend with the skin tone. I'll show you exactly how you can be sure of that."

Miss Wall rolled her sleeve back from her forearm and patted a creamy powder over the skin just above the wrist.

"Most people would say that because I am a redhead with fair skin, I should use a cream or rachel powder. But

notice how sharply this light shade stands out against my skin. It's too heavy in weight, also; which makes the contrast even more pronounced."

Going to the other extreme in powder shades, Miss Wall next patted on a small quantity of a tannish powder with a great deal of rose in it. This patch showed up even more sharply against the skin tone on her forearm.

"This particular powder isn't so heavy," she said. "But it's much too dark. Now look at the color of *this* powder—a pale rose with a gold tone."

She spread a small quantity of this on the inside of her forearm just below the elbow, brushed off the excess, and the powder was scarcely visible.

"This is the powder I always use. It's light in weight, which is good for a dry skin and, while the shade looks rather colorful in the box, you see how subtly it blends with the skin, leaving only a warm glow. The woman with smooth, oily skin would need a heavier powder for the better coverage



Your own forearm is the best testing ground for face powder shades.

which is necessary to conceal the slight natural shine of her skin."

After this convincing demonstration, Miss Wall was questioned about a test for rouge colors and textures.

ROUGE RULES

"A simple rule for choosing rouge is this: cream rouge for the dry skin, applied before powder; dry rouge for the oily skin, applied after powder. Rouges come in so wide a range of shades nowadays that it is not surprising to see women hopelessly confused in trying to choose the right one. Here again the lower forearm, or the back of the hand, is used as a testing ground. Pinch up and release a bit of skin until the blood tone is visible through it. This blood tone will be rosy, of course, but it will have some predominating tone in it: orange, or blue to purple. The degree of the orange or bluish tone is the deciding factor in the selection of the right rouge."

A personal experiment along these lines led to the discovery of a predominant blue tone. "Your blood tone is rather bright, but not orangey; so a good red with just a suggestion of blue in it will be best," Miss Wall advised.

Several shades of dry rouge were applied near the spot of skin that had been pinched and the nearest matching tone was as described by Miss Wall.

"Lipstick is the chief offender in the grotesque make-up I spoke of earlier," she went on. "Almost always the lipstick is too bright, and much too often it has a pronounced orange tone, which just isn't human. The simplest way to select a lipstick, and the most accurate one, is to pull the lower lip down and choose the shade that blends with the

tone of the mucous membrane inside. There are two reasons for this: The lipstick chosen thus will blend most exactly with the blood tone of the lips. And the lipstick will not look like a streak of paint when you smile.

"I have seen so many cosmetic crimes committed around the mouth that I am especially emphatic about the proper use of lipstick. Some women with a narrow upper lip, which may be beautifully shaped, prefer the full upper lip made fashionable by the professional glamour girls. So they try to paint in this false line and always look to me like children caught at the jam jar.

SCENE OF THE CRIMES

"Another bit of free-lance art-work often attempted on the mouth is the false Cupid's bow or bee-stung effect, in which most of the lipstick is concentrated at the center of the mouth. Since few women can wield a lipstick as an artist does a brush, this effect is usually messy. If such women are trying to make the mouth look smaller, they should simply stop short of the corners of the mouth when applying their lipstick.

"Fortunately, eye shadow is still used rather timidly by the majority of women, and for that reason is not so often overdone. Frequently, however, the wrong color is selected, for no other reason, apparently, than that it looked so pretty in the little jar, or that they thought it matched their eyes or a certain dress.

"In using eye shadow it is important to remember that this cosmetic is also meant to simulate a skin tone. Eye shadows, as you know, come in shades like violet, blue, green, copper, bronze

(Continued on page 32)

Pharyngitis and Tonsillitis

effective therapy with ARGYROL★



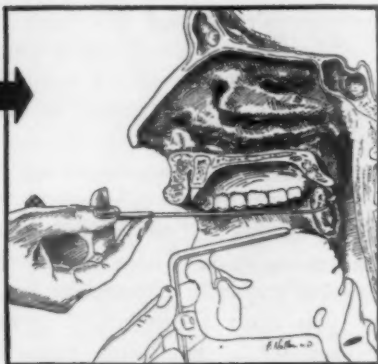
THE APPLICATOR is next rotated with the concavity upwards and the ARGYROL is carried up behind the uvula to the nasopharynx and adenoid region.

NO less important than thoroughness of technique is the proper selection of a therapeutic agent. In over thirty-five years of clinical experience, ARGYROL has proven its value for controlling infections of the nose and throat. Many eminent authorities have noted that better results are obtained when the name "BARNES" is specified in all solutions.

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The fauces and palatine tonsils are first systematically swabbed with the ARGYROL-soaked pledget. The applicator may then be curved to fit the dorsum of the tongue and the lingual tonsil and the lower part of the pharynx may be thoroughly painted with ARGYROL.



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Down with the Sea

(Continued from page 20)

you were here." I began to understand what Ann meant about needing a rest.

About six hours out of Havana, the hospital door opened and a genial and very liquid gent teetered in.

"I want some advicesh," he said, trying hard to keep me in focus.

"Yes?" I said encouragingly.

"Wait a minute." He started to search all his pockets, and heaved a big sigh of relief as he hauled from one pocket a dazed, three-day-old puppy. "Fren' o' mine gave him to me, and I wanta know what he eats," he explained.

The remainder of the trip was peaceful; but I never got used to the sea—even in those rare moments I was able to spend with a Good Book or my knitting.

There were some compensations, of course. One was to be allowed to go up on the bridge and to find out what navigation really is. The vividness of the tropical towns is memorable, too.

But you can't appreciate a tropic moon without a handsome man at your left shoulder, and I saw only *one* on board who raised my temperature. He was such a healthy specimen of American manhood that he never came near the hospital, and I doubt if he even knew of my existence. I didn't get a chance to say even "How do you do" to him until we were coming up the bay at New York. For the first time since we sailed I was out of uniform. He came and leaned on the rail right next to me. Perhaps by accident, he brushed my sleeve.

"I'm sorry," he said, smiling. I smiled in return.

"I don't think we've met," he went on, looking mystified but very willing.

"No, I don't think we have," I admitted. "I'm the ship's nurse."

"You are?" He beamed. "Well, isn't that luck! Can you tell me what the dickens to take as a good physic?"

It's a Tie!

(Continued from page 21)

answers for those inveterate question-askers who want to know, "How high are we flying?" "Can I unfasten my seat belt now?" "Is it raining in Albuquerque?"

JANET N. NAAS, co-winner of the contest along with Miss Kaintz, comes from farther West. Most of her 22 years have been spent in Milwaukee, Wisc. She inherits her lovely coloring—blonde hair, hazel eyes, and fair skin—from her German mother. The latter is still trying to make her into a good Hausfrau, despite the fact that it was she who influenced her daughter originally to choose nursing as a career. Young Janet went through that period which every nurse is supposed to have experienced—of mending her little playmates' broken dolls and ministering to their sundry cuts and bruises.

Miss Naas entered Milwaukee's Evangelical Deaconess Hospital in 1933. She describes her three years there as a combination of "fun, hard work, cramming for exams, raiding the kitchen, and losing late leaves."

Following her graduation in 1936, she remained on the staff for nine months. She is now engaged in private duty nursing.

* * *

R.N. takes this opportunity to thank the more than 500 registered nurses who submitted photographs for the

3 CHEERS FOR MENNEN ANTISEPTIC OIL



The Middleton Triplets Speaking:

"We're pleased to meet you, Nurse! They say that good luck comes in threes...and we've had mighty good luck so far. Right from our first minute, we were bathed all over with Mennen Antiseptic Oil—and since then we've had a body-rub with the oil every single day to keep our skins SAFER from infection."

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Just like those pretty Middleton triplets, most babies born in hospitals today are protected right from birth with Mennen Antiseptic Oil. Yes, Nurse—more than 90% of all hospitals important in maternity work use the oil as part of their aseptic nursery routine—not only to remove the vernix and for the initial skin prophylaxis—but also for the body-rub *every single day!*

Tell mothers about the amazing record of Mennen Antiseptic Oil in over 2800 hospitals...and the importance of continuing

Mary, Frances and deVismes Middleton were born at Columbia Hospital, Washington, D. C. They were premature, 8 months babies. Average weight at birth—5 lbs., 6 oz. Average weight at age 8 months—16 lbs., 11 oz.

to give the baby a body-rub *every day*. Tell them how the oil definitely helps to keep the baby's skin safer from rashes and infection! Point out that it's absolutely non-irritating, non-toxic and self-sterilizing, and will not become rancid. Also that it is pleasant to use, does not soil linen, washes out easily and leaves no greasy residue.

Send the coupon for FREE PROFESSIONAL SAMPLES of Mennen Antiseptic Oil, and its companion product, Mennen Antiseptic Borated Powder.

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345 Central Ave., Newark, N. J.

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cover contest. These photographs are being returned and are now in the mails.

* * *

Don't forget to mark your choice of the winner on the coupon below.

R.N.—A Journal for Nurses
Rutherford, N. J.

Here's my vote on the cover photo contest. I have marked an "X" before my choice.

☐ Miss Naas ☐ Miss Kaintz
☐ Tie

.....
.....
.....

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Make Up and Live

(Continued from page 28)

and even a silvery shade. These certainly are not ordinary skin tones. But look at this little pool of color. . ."

Miss Wall pointed to a hollow close to the nose at the corner of the eye. "The skin is very thin at that point, and in most persons it has a pretty definite blue, green, gray, brown, or violet cast. Matching eye shadow, when applied to the upper lid, should serve only to blend with and accentuate the natural tinge of that small pool of color at the inner corner of the eye.

"Fair-haired, fair-skinned women usually need eye make-up—some mascara and eyebrow darkening. Dark women often need to make the most of sparse eyelashes or eyebrows. The most important point to remember in the selection of mascara is that it can bring out the color of the eyes most strikingly only when the right shade is chosen. It's hard to be arbitrary about this, for there are several shades of brown available, as well as black and green and blue.

"The green mascara can be used effectively by green-eyed women. It calls for a light touch, though, and looks best at night. Women with vivid dark eyes who want to make their lashes more effective can use black mascara. But those with blue eyes get their best effect with blue. Blondes often do better with brown than black; so do redheads.

"The chief mistake made in applying eyebrow pencil is that women use the pencil to draw lines on the skin instead of just brushing color over the hairs. By the way, despite all the material published about the care and grooming of the eyebrows, there are still many women who seldom, if ever,

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brush their eyebrows. This is always necessary after powdering the face. The eyebrows should be brushed down, then up, and finally smoothed into shape with the fingers.

"These tests for matching colors in cosmetics are simple. They may take a little time and patience, but it is not necessary to make them frequently. Summer make-up is usually different from that used the rest of the year because of sunburn. But these tests provide a sound basis for cosmetic selection eight to ten months of the year.

"Evening make-up should be tested under the artificial light in which it is usually seen. This may require just a heavier hand with your daytime shades, or even appreciably different shades of make-up.

"The keynote of make-up, as I see it, is naturalness," Miss Wall continued. "This applies to all women, but it should apply especially to nurses, because of their profession."

"You mentioned earlier that you had some nurses in your class at the university. Why were they taking the course?"

"I was curious about that, too, and they gave me an answer that should have been obvious. They said that most women patients respond gratefully to being 'fixed up a little.' Furthermore, patients often expect the nurse to know which are the most flattering shades and the best quality of cosmetics. It is for this reason, as well as for personal ones, that nurses find the course in cosmetic hygiene valuable.

"I know very little about nursing procedure, but all this seems to me just good, plain psychology. Any patient, man or woman, feels cheered at the sight of a healthy-looking face. And if

this effect can be obtained by the discreet use of well-chosen make-up, so much the better. Any feminine patient who is convalescent and depressed, would certainly be stimulated and interested in experimenting with cosmetics and making the tests we've been discussing.

"A new hat has its points in making 'a new woman' of one; but a pretty face has even more."

Labrador

(Continued from page 17)

I had no boat of my own. Those used were usually the property of a patient or his family. While not the best ambulances in the world, they had to do. On one occasion one even became a delivery room! Unfortunately, I am unable to report a miracle. Though we did the best we could in the pitching boat, the baby, born three months prematurely, died. We managed to land the mother on a small island. There a fisherman's wife refilled our hot-water bottles and gave the sufferer the only nourishment she had—a cup of tea. Nevertheless, our patient, a typical Labrador native—of fine old stock, naturally hardy, and with a fear of God that gave her a gentle acceptance of vicissitude—came through in fine style.

Despite my apprehensions, dog-sled driving gave me no great trouble. There is a peculiar fascination to controlling a pack of half-savage animals, getting them to throw all their brute strength into a coordinated effort; the whole responding like a delicate mechanism to your slightest whim. As my ability increased, so did my appreciation of what, for me, was a newly-discovered art.



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March, I found, was the best month for dog-team travel. Then the snow is tightly packed and the trails are fine for swift, smooth running. Driving a team in such weather is a joy that cannot be adequately expressed in words.

But there is always something to take the joy out of life, even in far-off Labrador. There, it is the warm wind that sweeps in from the south, bringing rain and devastating thaw. It made an unseasonable appearance my first year and caught me in a remote village. Transportation was completely tied up. It was just as though I were in the middle of the Sahara Desert, with nothing but a dog-team to get me out. For twenty days, I could do nothing but pray for the mercury to drop and wonder whether the two patients with me would die before reaching the hospital.

IMPROVISED EQUIPMENT

One had empyema with effusion. Of course, there was no such thing as a doctor within miles. But thumbing Da Costa's *Modern Surgery* as I worked, and using improvised equipment, I aspirated the pleural region three times. For 21 days, the patient was kept elevated by means of an inverted chair-back. He begged continually for "taters and milk," saying pathetically that his mother had always given him "taters" and that he was tired of peas and beans.

So I set out to find some. But none of the villagers I queried could help. It was a bad time, they told me; the half-grown crop had been destroyed by a blight. There was not a potato to be had.

The shortage of food and the patient's condition made me decide to risk resuming our journey. Meanwhile, I had devised a large box, which could be lashed to the "komitik" (sled). In this we placed the patient, bundled in blankets and hot-water bottles.

I know I'll never forget that trip. The ice in the bay was breaking up, forcing us to detour time and again. As a result, it took us four days to reach the hospital. Two of the days were spent snow-bound in a tiny log-cabin. The only other woman was our other patient and there were eight men in our party! But unpolished as they are, the men in Labrador are chivalrous. They never made the slightest advances. I wonder if we would have received the same treatment had the eight been the highly-civilized products we see back home!

DON'T MENTION RABBITS

To make matters worse, our food ran out. But the men snared rabbits and, six at a time, I turned them into rabbit soup. Rabbit soup, even if seasoned only with salt and if it has a



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"birchy" taste (rabbits live chiefly on birch bark in the North), isn't a bad dish. But when it is the only dish—well, I don't think I'll miss it if I never see it again.

Comparatively speaking, the meal problem was nothing. Our war-time friends, the "cooties," an almost invariable feature of a long journey in the North, put in their usual appearance. Then my male patient became feverish. As his irritation with his surroundings increased, he complained incessantly about the narrowness of his bed. And well he might; for it was a settle much too short for him. My own bed was a row of three chairs. Somewhere since then, I have read about too much comfort softening the will and dulling the brain. I am unconvinced.

My other patient, whose name was Nan, had been, up to this time, a model. She had borne all the hardships of the journey without objection. Nor did she mind the crowded condition of the cabin. But now she began to balk at further travel. I was unable to understand it until one of the drivers explained. Nan had seen him fell two birch trees and sensed he was making an emergency ledge for the sled. This was to enable us to manipulate a narrow and precipitous curve, about which

he had his doubts. My part in the business was to tie a rope to the sled, coil it around a good, strong tree, and hold the loose end. I was to play out the rope slowly as the sled rounded the bend. If it made it, the driver figured, well and good! If not—well, I forgot to mention that this curve was on the edge of a cliff steep enough to assure that, whatever happened, we wouldn't suffer long. . .

HAZARD OF HYSTERIA

It seems that this trail was not unfamiliar to Nan. Observing the driver's preparations, she surmised what was going on in his mind. So, refusing to move from the cabin, she said she preferred starvation to being dashed to pieces while tied in a box! I can't say I blamed her much. But this was no time for hysteria. I wrapped a blanket round her head and had the men carry her, protesting, to the sled. They made her comfortable, and it was not until we had made the curve safely that we let her see where she was.

Before reaching the hospital, we stopped at a cottage. Drab as it was, it looked like the finest of mansions to us; for it promised hospitality, food, warmth, and shelter. Gratefully, I sank into a seat by the fire and prepared to enjoy my first rest in days. At this moment, my driver rushed in.



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THE KNOX BANANA STIR

Thoroughly crush one ripe banana. Sprinkle over it 2 envelopes of Knox Gelatine, mixing banana and gelatine while stirring. After it is well mixed, serve.

Total: Approximately 250 calories

THE KNOX FRUIT STIR

Place the contents of 2 envelopes of Knox Gelatine in an ordinary saucer or cereal dish. Add 8 tablespoonfuls of any desired fresh or canned fruit juice, such as grape juice. Let soak for five minutes and eat with teaspoon.

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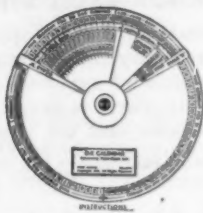


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 CHICAGO ILLINOIS

"The patient—" he gasped. "Come quick. He's dying."

It was the man this time. He was not dying but he was pretty near it. He was cyanotic and pulseless until I administered stimulants. In half an hour, he was much improved. But attending him took up the remainder of the night.

As a climax, when we were ready to start out again the next morning, we discovered our driver was "snowblind." One of the other men took the team and on we went, with a new driver and mostly new dogs. For throughout the trip, our huskies had been stricken, one by one, with distemper. We replaced them as best we could along the way. By the time we finally reached the hospital, not one of our original team had survived!

Believe it or not, before the hospital authorities would let me in, they insisted I take an "admission bath!" I guess I needed it. So, while my clothing was sterilized, I enjoyed my first soaping in nearly a month. Afterward, I fell into a dead sleep that lasted 12 hours. Then I returned to my station. With a fresh team, I made it in eighteen hours.

HEAVY RESPONSIBILITIES

One of the advantages of Labrador nursing is that the nurse is allowed complete responsibility. Allowed is perhaps a poor word. She has to accept it, whether she likes it or not. If the wires are not down, which is often, she can telegraph a physician for advice. Otherwise, she can count on little assistance. A doctor appears twice a year—once in March and once in summer. All during the long winter, we were doctorless. So, in two instances, I signed statements giving the cause of

death of patients who owned life-insurance policies. In neither case was my word questioned.

One of the most frequent queries of nurses about life in Labrador is:

"— And what do you do for amusement?"

The answer is that you have to amuse yourself. There isn't any such thing as organized amusement. You are lucky if you happen to own a radio; and doubly so, if you live near a lighthouse, where you can get the batteries re-charged. I had a radio but somehow it would never work. Of course, you can always sew and it is surprising how interesting a six-months-old newspaper can be. I passed many long hours crocheting a bedspread and making gifts for friends back home.

But my chief diversions were in the outdoors. The fishing is such as to make Izaak Walton roll over in his grave with envy. Salmon and trout cram the streams in almost incredible numbers. Sometimes, I watched the sealers shooting strays from the main herd. This is cruel, but necessary, work. After the men clean and cure the hides, the women convert them into the warm and comfortable sealskin boots that are the universal footgear in the Northland.

Restlessness is an almost universal trait in Labrador. Almost no one stands still in his own little plot, although no one appears to know why. Soon I, too, caught the craze for wandering; marching over the hills on snowshoes just for the fun of it and driving a team across the bay on Sunday visits to my neighbors. For I soon was participating in their social—what there is of it—as well as their community life.

As a group, I found them a kind,

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friendly, unselfish people, primitive in some respects perhaps, but with plenty of the old-fashioned virtues. Sharing their table of game, seal, goatmeat, and the inevitable fish, I found a feeling of peace that is entirely lacking in more refined society. But most of all, I was impressed by their stoic quality. They have learned to accept pain, even death itself, without too much protest. As a nurse who has witnessed many death struggles, I can say that this is a rare and altogether desirable quality. Perhaps it is this astounding fortitude that makes them able to live out happy lifetimes in the teeth of blinding blizzards, biting winds, and unruly waves. At any rate, it forms the basis of a philosophy that offers sustenance and inspiration to the nurse whose desire is to aid her fellowman.

Laws

(Continued from page 13)

of the proposed law. Otherwise, legislators will be inclined to look upon the bill as 'class legislation,' designed to benefit only a single group.

"In a public education program, it is advisable for nurses to win the support of prominent lay people, such as

those on the boards of hospitals, in official positions in health departments, etc. Even if they take no active part in the campaign, such important figures can often provide sound advice on political procedure."

POLITICAL PROCEDURE

I asked for some definition of political procedure. Mrs. Detmold smiled.

"That's rather comprehensive, but I can think of several pretty sound rules. For instance, nurses must be wary of making their bill a one-party affair. If possible, arrange that such legislation shall have the sponsorship of both political parties in the state government. Most states have two houses of government, such as the senate and assembly. It is well, therefore, that a member of one political party introduce the measure in one chamber and a member of the other faction introduce it in the second chamber. Thus the bill is saved from being called a 'party' measure and one that might be opposed on such grounds.

"Another necessary procedure is to assign committees to call personally on legislators and explain the purpose of the bill and ask for support. We found that senators and assemblymen were glad to see such committees and anx-

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Pediculosis with partially effective remedies that do not destroy the nits (or eggs).

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ious to hear from them just what the bill meant.

"One lawmaker remarked, when a small committee made a first call, 'I'm not familiar with the bill. You are the first people to call on me.'

"Calling committees should naturally consist of the most enthusiastic, well-informed, and personable nurses available. They should make their calls before the opposition does.

"Legislators will act upon what I might call 'mass appeals.' Therefore, groups of lay people should be asked to send resolutions backing the legislation to their representatives in the state capitol. Every effort should be made, also, to gain the support of the state medical society and hospital associations.

NO PARTY MEASURE

"The point I am going to mention now is one that may mean the success or failure of legislation: the two state representatives selected to sponsor nursing legislation should be of the highest caliber personally. They should be so interested in the legislation that they are willing to work for it. This necessitates forceful speaking before their respective houses and the use of political acumen. Your representative should be cautious about permitting the

legislation to come up for a vote until he has mustered forces to combat opposition. Special attention can then be concentrated on the opposition by the constituents in the special districts of unfriendly legislators."

"You spoke earlier of the role of the individual nurse in starting a movement for protective legislation," I commented. "What other activity can she engage in?"

"She may belong to the speakers' bureau. She can get up a petition, with the aid of her nursing organization, and circularize it for signatures among her friends. She can talk about the bill to all the lay people she knows, stressing the protection it gives the public.

"One of the most helpful individuals in our own case was Miss Irene Hellen, a private duty nurse. Miss Hellen proved very valuable in addressing groups of lay people. Her enthusiasm and presentation were responsible for a splendid public reaction.

"In my opinion, the individual nurse has a vital part in the passage of protective nursing legislation. It is she who must start the ball rolling by discussions in her organization. She can then continue the work in the ways I have outlined. None of her efforts will be wasted. In fact, only through her efforts will such legislation be passed."

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CRADLE NURSING BOTTLE: A new principle in nursing bottles. The patented design admits air to the bottle during nursing. This prevents formation of a vacuum and consequent nipple collapse. Registered nurses engaged in pediatrics will be interested in receiving a sample bottle. Address Sipple & Courtwright, Inc., 115 North Franklin Street, Chicago, Ill.

CALMITOL: Itching as well as other types of cutaneous affections, regardless of etiology are said to be relieved by applications of Calmitol. Its formula provides adequate local anesthesia to prevent the transmission of sensory impulses. Samples are available to registered nurses. Write Thomas Leeming & Co., 101 West 31st Street, New York City.

"THE PHYSICIAN AND OUR DAILY BREAD": This is the title of an interesting booklet on the nutritional value of bread in the daily diet. It offers a new slant on an old subject and should be of interest to registered nurses. Copies may be obtained from Dr. J. H. Tobey, American Institute of Baking, 9 Rockefeller Plaza, New York City.

"THE FEET AND THEIR CARE": Here is a subject of vital importance to most registered nurses. A booklet full of helpful, practical suggestions is available from the Scholl Manufacturing Company, Chicago, Ill. Address requests to Dept. R.N. 5-38.

HAZELTINE TOILET SOAP: Normal and dry-skinned women will be interested in this pure soap, super-fatted with lano-

lin and free from excess alkali. Said to prevent excessive loss of natural oil from the skin and to keep complexion soft and smooth. Free sample will be sent to registered nurses addressing Dept. R.N. 5-38, Burroughs Wellcome & Co., Ltd., 9 & 11 East 41st St., New York City.

CAL-C-TOSE: This product contains dicalcium phosphate; vitamins C, B₁, B₂ (G); cane and malt sugars, cocoa and mineral salts. It makes a delicious, healthful drink. Suggested by the makers as a weight builder-upper, it also induces a general feeling of physical fitness. A generous sample will be sent to registered nurses on request. Write to Hoffman-La Roche, Inc., Nutley, N. J.

SNOWWHITE UNIFORMS: These uniforms come in ready-made styles and can also be made to order. The new catalog describes a variety of models in regular sizes and illustrates other designs for made-to-order garments. Perfect 36's, as well as those with hard-to-fit figures, will find the booklet valuable. Send for a copy. Address: Snowwhite Garment Mfg. Co., Milwaukee, Wis.

THANTIS LOZENGES: These lozenges combine antiseptic and local anesthetic effects and relieve soreness and irritation in the throat. They are convenient to use, and are said to be more effective than gargles. They contain Merodicein H.W.D. 1/8 grain; Saligenin, H.W.D. 1 grain. Address Dept. R.N. 5-38, Hynson, Westcott & Dunning, Inc., Baltimore, Md., for samples and literature.

Classified

Every one is looking for a better type of employment. It is a natural human trait. The difficult part is to know when and where that ideal job is waiting for you.

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Each month—using our many facilities—we will list openings currently available. We will forward your letters of application to the interested persons. To further assist you we will *without charge* insert a four-line classified in which you can tell the world (our circulation is more than 100,000) about your qualifications and have the job seek you.

Naturally, space for this type of service is limited, so it will have to be a policy of "first come first served." To assist you in arranging your ad, figure six words to the line.

POSITIONS WANTED

GENERAL DUTY: Nurse registered in Georgia seeks general duty position in a northern state. Five years' experience in private and general duty. Excellent references. Box 5-1.

GENERAL DUTY: Experienced in medical, surgical, contagious nursing. Nine years in tuberculosis work. Health excellent. Registered in New York, Ohio and Maryland. Desires eight-hour duty post. No objection to night work. Box 5-2.

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INDUSTRIAL: Or office nurse. Age 24. Single, Protestant. Desires position in New York City or vicinity. Best of references. Salary open. Box 5-4.

INDUSTRIAL NURSE: Experienced four years' private duty and four years' first aid. Suitable to industrial work. Knowledge of private compensation plans. Age 29. Single, American, Protestant. Minimum salary \$30. Box 5-5.

OFFICE NURSE: Graduate of Paterson (N. J.) General Hospital desires position in doctor's office in Paterson or vicinity. Very good references. Salary open. Box 5-6.

OFFICE NURSE: Registered nurse with business and professional experience wants position as office nurse with Philadelphia doctor. Two years' operating room experience in eye, ear, nose and throat bronchoscopy. Three years' secretarial experience. Age 28. Salary open. Box 5-7.

OFFICE NURSE-TECHNICIAN: Postgraduate course and heavy experience in orthopedics, surgery, maternity and gynecology. Wide experience in general office and secretarial work. Prefers Pennsylvania location. Box 5-8.

PUBLIC HEALTH: Fifteen years' experience private and hospital nursing. Graduate Flint Goodridge Hospital, New Orleans, and special training in public health nursing. Prefers position in Chicago or vicinity. Colored, married. Salary open. Box 5-9.

RECEPTIONIST: Registered in Pennsylvania. Desires position as receptionist in an institution or hospital in or near Philadelphia or New York City. Good private and general duty experience. Protestant, middle-aged. Box 5-10.

SUPERVISOR: Seeks position in industrial, neurological or psychiatric fields. Graduate Willard State Hospital (N. Y.). Registered New York. Fourteen years' experience as supervisor. Age 38. Protestant. Salary open. Box 5-11.

SUPERVISOR: Pediatrics or medical. Registered in California. Would like position in or near Los Angeles. Age 28. Protestant. References. Box 5-12.

X-RAY TECHNICIAN: Registered nurse New York State wishes position in New York City. Two years' experience in X-ray treatment. Good stenographer. Protestant. Box 5-13.

X-RAY TECHNICIAN: Southerner. Desires position with clinic. Experience in therapy and willing to assist in laboratory. Knowledge of typing. Outline of training, experience, references and photograph sent on request. Box 5-14.

POSITIONS AVAILABLE

Anesthetists

*WASHINGTON: Anesthetist for 50-bed hospital. Pleasant, well-equipped place to work. New Heidbrink machine. Some nursing duties included. Salary \$90, maintenance. W150.

*GEORGIA: Combine anesthetic work with other duties, and able to give cyclopropane. 45-bed private general hospital. Salary \$100 and maintenance. C545.

*LONG ISLAND: Must have had experience in cyclopropane and avertin administration. 125-bed hospital. Salary \$100-\$125 and maintenance. E61.

*OREGON: Young, recent graduate. Combine with surgery. Private general hospital. Salary \$100 and maintenance. C546.

Dietitians

*OHIO: Assistant administrative dietitian. Duties include some therapeutic work and student instruction. Protestant with B.S. degree specified. Salary \$70-\$80 with maintenance. C549.

*NEW YORK: Assistant in large hospital in New York City. Special diets, etc. Must have B.S. degree and one or two years' experience. Member A.D.A. Salary open. E63.

*ALABAMA: Qualified in special diets and teaching students. 100-bed general hospital with forty students. Catholic preferred. Salary open. C548.

General Duty

*COLORADO: Obstetrical and surgical scrub nurse, eligible Colorado registration. Eight-hour day, six-day week. 45-bed general hospital, all graduate staff. Salary \$85 and meals. C550.

*OHIO: 40-bed general hospital. Eight-hour day duty, take turn on nights once in six or eight months. Salary \$80, meals and laundry. C551.

X-Ray and Laboratory Technicians

*NEVADA: Busy clinic needs an experienced X-ray and laboratory technician. Salary \$150 W158.

*CALIFORNIA: Graduate nurse who has had training or experience in X-ray for well equipped department in large general hospital. Unusual opportunity for a technician with limited experience. Starting salary \$115, meals and laundry. W159.

*CALIFORNIA: Graduate nurse with training in laboratory and X-ray for attractive small hospital in coast town. Must do some floor duty. Salary \$90 and maintenance. W160.

Operating Room

*WASHINGTON: Operating room nurse to assist supervisor. Large, private hospital with training school. W152.

*UTAH: Assistant operating room supervisor for leading institution. Should have good experience or postgraduate work. W153.

*Indicates this position listed by Placement Bureau

Instructors

*NEW JERSEY: Instructor in nursing arts for large hospital with approved training school. Applicant must have degree or some college training. Salary \$125 and maintenance. C553.

*NEW YORK STATE: Practical instructor for 60-bed hospital. B.S. and New York registration necessary. Salary \$115 with maintenance. E62.

*ALABAMA: Science instructor for 125-bed hospital with sixty students. Large city. Salary open. C552.

*CALIFORNIA: (a) Science instructor for 300-bed hospital. Degree and at least two years' experience required. (b) Practical instructor in well-known hospital. Should have degree and some experience. W151.

*NEW JERSEY: Practical instructor. 300-bed hospital. B.S. and teaching experience necessary. Salary \$125 and maintenance. E64.

Obstetrics

*CALIFORNIA: Supervisor 12-bed department. Good opportunity for ambitious young nurse with postgraduate course. W154.

Superintendents

*ARKANSAS: Candidate must be between 25 and 40 years of age. Supervising experience and postgraduate training in anesthesia necessary. Salary \$125 with maintenance. C554.

Nurse Superintendents

*NEW YORK: Director of nurses. 100-bed hospital within easy reach of New York City. All graduate staff. Salary \$1800 and maintenance. E66.

*WEST VIRGINIA: Superintendent of nurses for tuberculosis hospital. Tuberculosis experience. Supervising operating room. Salary \$115 with maintenance. E67.

*CALIFORNIA: 100-bed hospital with graduate staff. Attractive town near large city. Ability as well as experience considered. W157.

Supervisors

*CALIFORNIA: Medical and surgical floor supervisor for large, modern hospital. Salary \$140 and meals. W155.

*TEXAS: Supervisor, charge medical-surgical floor of 20 beds. 100-bed general hospital, fully approved. Desirable location, large city. Salary open. C560.

*CALIFORNIA: Orthopedic ward. Special work in orthopedics required. Also some university training. Degree would be excellent. Salary \$125, board and laundry. W156.

Representatives

*SOUTHERN STATES: Registered nurse to represent book company. Salary \$1500, plus expenses. E68.

Chef in Kitchenette

(Continued from page 15)

cakes, may be substituted for the strawberry icebox cake. If the latter is preferred, it should be made on the previous day. It is a good idea to have the salad and sandwiches on the table before making the soup, so that it can be served immediately. The bisque should be served in ordinary cups; they can be washed in time for coffee, if necessary. Sandwiches may be made from several prepared sandwich spreads. Or try a slightly more ambitious concoction of thinly sliced nut-bread spread with cream cheese, the latter softened with the juice and grated rind of an orange. Sandwiches should be prepared early and kept wrapped until they are served; or sandwich fillings, soft butter, and sliced bread may be placed on the table so that each guest can serve himself.

Here is how to prepare the other

items on the Sunday night supper menu:

FRUIT CHEESE SALAD BOWL

Cut two oranges and two slices of pineapple into large pieces. Put into a salad bowl with one small head of lettuce cut into chunks. Add one cup cottage cheese and a few shredded salted almonds. Toss lightly with a little French dressing.

STRAWBERRY ICEBOX CAKE

- ½ cup sweetened condensed milk
- ¼ cup strawberry jam
- 1 tablespoon lemon juice
- ½ cup heavy cream (for whipping)
- 24 vanilla wafers

Blend milk, jam, and lemon juice. Fold in whipped cream. Put wafers together in a long roll with a spoonful of filling between each. Press together gently. Wrap in waxed paper and chill twenty-four hours. Unwrap and cut in diagonal slices. Top with additional whipped cream if desired.

As you become accustomed to the ease and simplicity with which you can prepare the kind of snacks and little meals described here, you will, no doubt, evolve some menus and recipes of your own. There's little excuse these days for the hasty sandwich-and-cup-of-coffee meal.

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